FORM D

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JUL 0 5 2007

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALES OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL								
OMB API								
OMB Number:	3235-0076							
Expires: April 30, 2008								
Estimated average burden								
hours per respo	onse 16.00							

SEC USE ONLY								
Prefix	Serial							
DA	RECEIVED							

Name of Offering (check if this is an am	endment and i	name has chang	ed, and indicate c	hange.)	
Common Stock					
Filing Under (Check box(es) that apply):	Rule 504	Rule 505	☐ Rule 506	☐ Section 4(6)	☐ ULOE
Type of Filing: New Filing Amend	ment				
	A. BAS	SIC IDENTIFI	CATION DATA	L	
1. Enter the information requested about the is	suer				
Name of Issuer (check if this is an amen	dment and nar	ne has changed,	and indicate char	nge.)	
EnterpriseDB Corporation					
Address of Executive Offices	(Number a	nd Street, City,	State, Zip Code)	Telephone Nu	mt 07970227
33 Wood Avenue South, Iselin, New Jersey 0	8830			(732) 331-131	0
Address of Principal Business Operations	(Number a	nd Street, City,	State, Zip Code)	Telephone Nu	mber (Including Area Code)
(if different from Executive Offices)					
Brief Description of Business					
Open-source enterprise-class relational data	base managei	nent system.			
Type of Business Organization					BBUCECCE
□ corporation	☐ limited	partnership, alre	ady formed	other (plea	se specify):
☐ business trust	☐ limited	partnership, to b	e formed		
	•	Month	Үеаг		JUL 1 2 2007
Actual or Estimated Date of Incorporation or C	rganization:	01	2005	🛛 Actual 🔲	Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-lett	er U.S. Postal S	ervice abbreviation	on for State:	THOMSON >
			foreign jurisdiction		FINANCIA

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

1	Α.	BASIC IDENTIFIC	ATION DATA							
2. Enter the information requeste	ed for the following:									
• Each promoter of the issuer, if the issuer has been organized within the past five years;										
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;										
 Each executive officer and 	· Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and									
Each general and managing	g partner of partnership	issuers.								
Check Box(es) that Apply:	Promoter	⊠Beneficial Owner	⊠Executive Officer	☑Director	General and/or Managing Partner					
Full Name (Last name first, if inc	dividual)									
Astor, Andrew R.										
Business or Residence Address	(Number and Street,	City, State, Zip Code)								
C/o EnterpriseDB Corporation	, 33 Wood Avenue So	uth, Iselin, New Jerse	y 08830	·						
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☑ Executive Officer	□Director	☐ General and/or Managing Partner					
Full Name (Last name first, if inc	dividual)									
Lussier, Denis L.										
Business or Residence Address	(Number and Street,	City, State, Zip Code)								
C/o EnterpriseDB Corporation	, 33 Wood Avenue So	uth, Iselin, New Jerse	y 08830							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	□ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if inc	dividual)									
Merrick, Phillip	•									
Business or Residence Address	(Number and Street,	City, State, Zip Code)								
C/o EnterpriseDB Corporation	i, 33 Wood Avenue So	uth, Iselin, New Jerse	y 08830							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if inc	dividual)									
Katz, Bruce										
Business or Residence Address	(Number and Street,	City, State, Zip Code)			.					
C/o EnterpriseDB Corporation	, 33 Wood Avenue So	uth, Iselin, New Jerse	y 08830							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if inc	dividual)		•	<u> </u>						
Litwack, David	,									
Business or Residence Address	(Number and Street,	City, State, Zip Code)								
C/o EnterpriseDB Corporation	•		y 08830							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if inc	dividual)	•								
Riechers, Gene										
Business or Residence Address	(Number and Street,	City, State, Zip Code)								
C/o Valhalla Partners, L.P., 80	•	•	ına, Virginia 22182							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	A. BA	SIC IDENTIFICATION	N DATA (continued)		
Check Box(es) that Apply:	Promoter	☐Beneficial Owner	☐Executive Officer	⊠Director	☐General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Westerling, Austin					
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
C/o Charles River Partnership	XII, LP, 1000 Winte	er Street, Suite 3300, V	Valtham, Massachusett	s 02451	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Power, W. David	•				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
C/o Fidelity Ventures, 82 Devo	nshire Street E16B, 1	Boston, Massachusetts	02109-3614		
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Valhalla Partners					
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
8000 Towers Crescent Drive, S	uite 1050, Vienna, V	irginia 22182			
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc	dividual)				
Charles River Partnership XII		ffiliates Fund, LP			
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
1000 Winter Street, Suite 3300	, Waltham, Massach	usetts 02451			
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc	dividual)				
Fidelity Ventures IV Limited F	,	lity Ventures IV Princ	ipal Limited		
Business or Residence Address		• •			
82 Devonshire Street E16B, Bo	ston, Massachusetts	02109-3614			

1					В	INFOR	MATION	ABOUT	OFFERI	NG					
1.	Has the	issuer sol	d, or does					ed investo 2, if filing					•••••	Yes ⊠	No
2.	What is the minimum investment that will be accepted from any individual?									0					
3.	Does the offering permit joint ownership of a single unit?										Yes □	No ⊠			
4.	Enter the sion or to be list name of	e informa similar rested is an a f the broke	tion reque muneration associated er or deale	sted for ea n for solic person or r. If more	ach persor itation of a agent of a than five	who has purchasers broker or	been or wi in connect dealer reg is to be lis	ill be paid etion with gistered wi ted are ass	or given, o sales of se th the SEC	directly or curities in C and/or w	indirectly the offeri ith a state	, any com ng. If a po or states,	mis- erson list the		
Full	Name (La	ast name f	īrst, if ind	ividual)											
Busi	ness or R	esidence /	Address	(Number	and Stree	t, City, Sta	nte, Zip Co	ode)						·	
Nam	e of Asso	ociated Br	oker or De	aler		<u></u>									
State			Listed Ha			ls to Solici	t Purchase	ers							Ctatar
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	 [ID] [MO] [PA] [PR]	LIAII	States
Full	Name (L		irst, if ind	ividual)											
Busi	ness or R	esidence i	Address	(Number	and Stree	t, City, Sta	nte, Zip Co	ode)	,				·		
Nam	e of Asso	ciated Br	oker or De	aler									· · · · · · · · · · · · · · · · · · ·		
State						ls to Solici			·· ····· -·						
	[AL] [IL] [MT] [RI]	"All State [AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	k individi (AR) (KS) (NH) (TN)	IAI States) [CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	□ All	States
Full	Name (L	ast name i	ìrst, if ind	ividual)											·
Busi	ness or R	esidence A	Address	(Number	and Stree	t, City, Sta	nte, Zip Co	ode)							
Nam	e of Asso	ociated Br	oker or De	ealer											
State	s in Whi	ch Person	Listed Ha	s Solicited	l or Intend	ls to Solici	t Purchase	ers							
										******************				□ All	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	(AR) (KS) (NH) (TN)	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	ing, check this box \(\precap \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		Aggregate		Amo	ount Already
	Type of Security Debt	\$	Offering Price 0	\$		Sold 0
	Equity	\$	27,697.25	\$		27,697.25
	⊠ Common* □ Preferred	J	27,097.23	⊅		21,071.23
	Convertible Securities (including warrants)	\$	0	\$		0
	Partnership Interests		0	\$ \$		<u>0</u>
	•	\$ \$		-		0
	Other (Specify:)	•	0	\$		
	Total	\$	27,697.25	\$		27,697.25
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					Aggregate
			Number Investors			llar Amount Purchases
	Accredited Investors		2	\$		4,526.08
	Non-accredited Investors		2	\$		23,171.17
	Total (for filings under Rule 504 only)	_	4	\$		27,697.25
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Type of		Dol	llar Amount
	Type of Offering Rule 505		Security	s		Sold 0
	Regulation A			\$		0
	Rule 504	_		\$		
	Total	_		S		0
1 .	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					<u>_</u>
	Transfer Agent's Fees					<u> </u>
	Printing and Engraving Costs					
	Legal Fees					10,000.00
				l S		
	Accounting Fees					
	Engineering Fees	• • • • • •	C	1 \$		
	•]		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

^{*}Issued in connection with asset purchase transaction in addition to cash payment.

	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES A	ND USE OF PRO	OCEEDS	
	 Enter the difference between the aggregate offer Part C - Question 1 and total expenses furnished in This difference is the "adjusted gross proceeds to the total expenses." 	response to Part C - Question 4.a.		\$	17,697.25
5.	Indicate below the amount of the adjusted gross proto be used for each of the purposes shown. If the a furnish an estimate and check the box to the left of ments listed must equal the adjusted gross proceed. Part C - Question 4.b above.	mount for any purpose is not known, the estimate. The total of the pay-			
	`		Payments to Officers, Directors, &		Payments To
			Affiliates		Others
	Salaries and fees		□ \$	🗆 \$	
	Purchase of real estate		□ \$	\$	
	Purchase, rental or leasing and installation of mach	inery and equipment	□ \$	🗆 \$	
	Construction or leasing of plant buildings and facil	ities	□ \$	□\$	
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset pursuant to a merger)	s or securities of another issuer	□ \$	 ⊠ \$	17,697.25
	Repayment of indebtedness				
	Working capital		s	s	
	Other (specify):		\$	s	
	· ·		□ \$	□ \$	
	Column Totals		-	 ⊠\$	17,697.25
	Total Payments Listed (column totals added)			17,697.25	
		D. FEDERAL SIGNATURE			
sign	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to furnismation furnished by the issuer to any non-accredited	th to the U.S. Securities and Exchange	Commission, upor	d under Rule 505 n written request	, the following of its staff, the
	er (Print or Type) erpriseDB Corporation	Signature		Date July 2, 2	2007
Nan	e of Signer (Print or Type)	Title of Signer (Print or Type)	·		
Bru	ce Katz	Treasurer			

ATTENTION
Intentional misstatements or omissions of fact constitute recerai criminal violations. (See 18 U.S.C. 1001.)